

Academy of Chiropractic

Primary Spine Care Qualified

I certify by checking off the following that I have completed the following courses:

I have taken or equivalent (please check off)

- Primary Spine Care 9**
- Primary Spine Care 10**
- Primary Spine Care 11**
- Primary Spine Care 12**
- Primary Spine Care 13**
- Primary Spine Care 14**
- Primary Spine Care 15**
- Primary Spine Care 16**

NAME:

ADDRESS:

ZIP CODE:

PHONE:

Credit Card #:

Exp. Date

Banking Debit -Routing #:

Account #:

Please send via email to: DrMark@AcademyOfChiropractic.com

Credentialing Fee \$500

Recognized by:

Cleveland University-Kansas City, College of Chiropractic

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING